

<b>MANUAL: FOM 802-1, Psychotropic Medication in Foster Care</b>	<b>JOB AID</b> <b>Children's Foster Care</b>
<b>SUBJECT: Psychotropic Medication Informed Consent (DHS-1643) Job Aid</b>	New Issue 5/20/2021 Partial Revision Complete Revision
Contact Office: DHHS Child Welfare Medical & Behavioral Health Kyle Sautter (517) 243-9495 <a href="mailto:SautterK@michigan.gov">SautterK@michigan.gov</a>	

## **Overview**

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. The DHS-1643, Psychotropic Medication Informed Consent form, or a medical office's consent document that has been approved by the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) documents the consent process.

A signature or documentation of a witnessed verbal consent (see Witnessed Verbal Informed Consent Job Aid) is required to authorize consent<sup>1</sup> to administer all psychotropic medications. The time frames in which the consenting signature must be obtained, or the court petitioned, are found on page 4 of this job aid.

## **DHS-1643, Psychotropic Medication Informed Consent or Alternative FC-PMOU Approved Form**

The Psychotropic Medication Informed Consent form:

- Documents psychotropic medications and the informed consent process.
- Facilitates tracking of the informed consent process to facilitate timely access, review, and monitoring of psychotropic medications.

## **Psychotropic Medications and the Informed Consent Process**

1. Prior to prescribing psychotropic medication the following must occur:
  - Mental health assessment resulting in the diagnosis of the mental health disorder and/or target symptoms in need of treatment. A comprehensive examination will include all the child's medical, developmental and mental health history, including that predating entry into foster care.
  - The caseworker provides the most recent valid consent document to the prescribing clinician. This documentation is critical to the comprehensive examination and each follow up visit as it provides:
    - Information needed to provide care (i.e., key individuals who need to be included in the assessment process, status of current medication regimen)

<sup>1</sup> See Informed Consent-Caseworker Role in Engaging Parents Job Aid for more information on authorizing consent.

- Guidance to the prescribing clinician in determining whether new informed consent documentation is needed when making treatment recommendations.
  - Explanation by the prescribing clinician or authorized staff, of the purpose and effects of the medication in a manner consistent with the ability to understand must be given to the:
    - Child (age-appropriate) – note: assent only.
    - Foster parent/caregiver – note: informational.
    - Birth parent/legal guardian (temporary court wards) – consenting party.
    - Assigned caseworker – note: informational or consenting party (MCI wards).
  - The explanation for the need for the prescribed psychotropic medication must include the following:
    - Child/youth's mental health diagnosis and/or target symptoms.
    - Treatment options (nonpharmacological and pharmacological).
    - Treatment expectations or benefits to the target symptoms.
    - Potential side effects.
    - Baseline and ongoing monitoring needs for the medication (as applicable).
    - Risks and benefits of taking the medication versus not taking the medication.
2. Informed consent documentation (DHS-1643 or an organization's own form if approved by MDHHS Foster Care Psychotropic Medication Oversight Unit) is completed for each of the following circumstances:
- Prescribing new psychotropic medications for a child in foster care.
  - At the time of entry into care for any psychotropic medication that the child is currently prescribed. **Note:** The expected time frame to complete informed consent documentation is within 45 days of entry into foster care.
  - The existing consent is expired. Consent must be renewed yearly.
  - Increasing dosing beyond the range that was documented in the most recent valid consent documentation.
  - At the next scheduled appointment with the physician following the youth's 18<sup>th</sup> birthday, or after a change in the legal status of the child/youth from temporary ward to permanent state ward.
  - If no medication changes requiring a new consent process are needed, a provider does not need to complete a new consent document. The most recent form is used only for reference.

The DHS-1643 consists of five sections:

- **Section A, Youth Identifying/Demographic Information.** This section may be completed by caseworker<sup>2</sup>, agency staff, medical staff, etc. Section A contains:
  - Identifying information for the child/youth.
    - Name.
    - Date of birth.
    - Medicaid ID.
    - MiSACWIS Person ID
    - Legal status.
  - Child/youth demographic information.
    - Current placement type and placement date.
    - Authorized consenter's name, relationship to child/youth and phone number
  - Assigned caseworker name, contact information, and agency.
- **Section B, Health Information.** Section B is completed by health care personnel (i.e., nurse, medical or physician assistant, physician, etc.) and contains the following clinical information about the child/youth:
  - Physician name and phone number.
  - Appointment date.
  - Location of appointment.
  - Mental health diagnosis.

**NOTE:** The Witnessed Verbal Consent Identification Number is completed by the FC-PMOU for tracking purposes
- **Section C, Medication Recommendations.** This section is completed by the physician or medical staff.
  - List each continuing psychotropic medication and new recommended medications. Include for each medication listed:
    - Maximum dosage recommended.
    - Starting (Current) dosage, indicated as one or more of the following:
    - If any medication from the most recent consent (as noted on the bottom of the consent form) is being discontinued, the physician or medical staff should list that medication and designate in the "Discontinued" column for that medication.

**NOTE:** The discontinued column is to be used by the prescribing clinician if they recommend discontinuing any of the current medications
  - Physician signature and date.

---

<sup>2</sup> Assigned caseworker must provide the information necessary for Section A of the DHS-1643 Informed Consent.

**REMINDER:** Foster parents, relative/unrelated caregivers **cannot** consent to the administration of psychotropic medications.

- **Section D, Consent.** The legally empowered consenting authority:

- ⊖ Signs and prints their name and enters date.
- ⊖ May deny consent for recommended medications.

If the consenting party denies consent, the prescribing clinician may discuss alternative treatments. If the prescribing clinician believes that a medication is medically necessary, s/he can request that the caseworker pursue a court order.

Consenting authority is as follows:

- Birth parent or legal guardian for temporary court wards.
- Supervising agency (DHHS or private agency) caseworker or representative for MCI state wards (Act 220 or Act 296) only.
- The foster care youth if age 18 and older.
- Permanent court wards (Legal Status 41) require the caseworker to file a petition with the court to obtain EITHER an order for the recommended medication(s) OR an order designating an alternate consenting party. The latter is more flexible.
- Adoptive parent for those youth who are placed for adoption, but the adoption is not finalized (Legal Status 43).

In some instances, the consenting party for temporary court wards will not be the legal parent; for example, court order for specific medications, or court order designating an alternate consenting party (e.g., the caseworker). In this instance, include a copy of the court order in the information sent to the FC-PMOU.

- **Section E, Youth Attestation.** The child/youth should sign and date this section indicating participation in the medication recommendations discussion. The prescribing clinician can check and initial if s/he believes the child/youth is unable to attest, for example, if the child/youth is too young, or has limitations in cognitive/adaptive functioning.

**NOTE:** The area below Section E – “For Completion by PMOU Staff” and “PMOU Consents on File” are sections used by the FC-PMOU to document additional information. These should only be completed by the FC-PMOU.

- **For Completion by PMOU Staff.**

- The Witnessed Verbal Consent Identification Number is completed by the FC-PMOU for tracking purposes.

- Notes for Foster Care Caseworkers including the FC-PMOU hotline, FAX number, and email address.

- **PMOU CONSENTS ON FILE**

- Listing each current psychotropic medication and for each:
  - Maximum dose on most recent valid consent
  - Annual review due date

**NOTE:** If the DHS-1643 is initiated by the Foster Care Psychotropic Medication Oversight Unit, any information in the PMOU database will pre-populate this section

**Time Frames to Obtain Authorized Consent Signature or Court Order for new medications or when dosing exceeds prior consent:**

- **For temporary court wards**, obtain consent from parent or legal guardian within 7 business days. The worker must document all efforts (including dates) made to obtain parental consent in Social Work Contacts in MiSACWIS. After a diligent effort has been made for parental signature with no response, the worker must petition the court for an alternative to consent on the 8<sup>th</sup> business day.
- **For state wards** (Act 220 or Act 296), ensure that the consent process is completed, and documentation is returned to the prescribing physician within 7 business days.
- **For permanent court wards** (Legal Status 41), seek an order by petitioning the court within 3 business days.
- **For Temporary Court Wards in hospital settings**, consent is required in 3 business days. After a diligent effort has been made to engage the parent in the consent process with no response, the worker must seek an order by petitioning the court on the 4<sup>th</sup> business day.

**Best Practice Tip:** The informed consent authorization time frames provide the maximum number of days to obtain signature or petition the court. Best practice is to initiate immediate efforts to obtain signed consent and return the completed, signed DHS-1643 to prescribing physician as early as possible, for prompt medication administration.

## Final Steps

1. Email a scanned copy of each completed (including authorizing signature) consent document (DHS 1643 or the FC-PMOU-approved agency document) to the Foster Care Psychotropic Medication Oversight Unit at [PsychotropicMedicationInformedConsent@michigan.gov](mailto:PsychotropicMedicationInformedConsent@michigan.gov) or send by fax 517-763-0143 within 5 days after worker receipt. If emailing from outside of the State of Michigan email system (i.e., from a private agency), the email or the attachment must be encrypted.
2. Distribute a copy of the Informed Consent form to all parties connected to the child/youth/family.

**NOTE: Until further notice, field staff must not enter psychotropic medication information into MiSACWIS for children/youth in foster care. The FC-PMOU will enter this information using Medicaid Prescription Claims data and information from the informed consent documents.**